



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

DO NOT ENCUMBER

| | | | | | |
|---|-------------|---------------------|--|------------------------|--------------------------|
| <input type="checkbox"/> New | Vendor Code | | Dept. | Contract Number | |
| <input checked="" type="checkbox"/> Change | FIRSTNA700 | | SC | A | 03-19 A-1 |
| <input type="checkbox"/> Cancel | | | | | |
| County Department | | | Dept. | Orgn. | Contractor's License No. |
| Probation Department | | | PRB | | |
| County Department Contract Representative | | | Telephone | | Total Contract Amount |
| Holly Benton | | | (909) 387-5918 | | Not to Exceed \$10,000 |
| Contract Type | | | | | |
| <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other: | | | | | |
| If not encumbered or revenue contract type, provide reason: <u>Fee for Service Contract</u> | | | | | |
| Commodity Code | | Contract Start Date | Contract End Date | Original Amount | Amendment Amount |
| | | 11/19/02 | 06/30/04 | Not to Exceed \$10,000 | |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. |
| AAA | PRG | 1913 | 200 | 2445 | 40000DRC |
| | | | | | Amount |
| | | | | | Not to Exceed \$10,000 |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. |
| | | | | | |
| | | | | | Amount |
| Fund | Dept. | Organization | Appr. | Obj/Rev Source | GRC/PROJ/JOB No. |
| | | | | | |
| | | | | | Amount |
| Project Name | | | Estimated Payment Total by Fiscal Year | | |
| <u>Counseling Services</u> | | | FY | Amount | I/D |
| | | | 02/03 | _____ | _____ |
| Contract type - 1 | | | 03/04 | _____ | _____ |
| | | | _____ | _____ | _____ |

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino probation Department, hereinafter called the County, and

Name
 First Nations Tribal Education and Resource Center, Inc.
 Address
 2210 Highland Avenue, Suite 116
 San Bernardino, CA 92404
 Phone (909) 864-8884
 Birth Date _____
 Federal ID No. or Social Security No. _____

hereinafter called Contractor _____

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend contract # 03-19, as follows:

Section V. Fiscal Provisions

Amend the last sentence of Section V, Paragraph D, page 10 of 14, to read as follows:

Invoices are to be mailed to:
San Bernardino County Probation Department
175 West Fifth Street
San Bernardino, CA 92415
ATTN: Holly Benton, AB 1913 Coordinator

Section VIII. Term

Amend Section VIII, page 12 of 14, to read as follows:

This contract is effective as of January 7, 2003 and is extended from its original expiration date of June 30, 2003, to expire on June 30, 2004 but may be terminated earlier in accordance with provisions of Section IX of the Contract. This Contract may be extended for one additional 12 month period if funding is available and subject to approval of an amendment to this contract by both the County and the Contractor.

Section X. General Provisions

Amend Section X, Paragraph A, page 12 of 14 to read as follows:

When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: First Nations Tribal Education and Resource Center, Inc.
2210 Highland Avenue, Suite 116
San Bernardino, CA 92404

County: County of San Bernardino Probation Department
175 West Fifth Street
San Bernardino, CA 92415
ATTN: Holly Benton, AB 1913 Coordinator

County (***Insurance Information Only***):
County of San Bernardino
c/o Insurance Data Services
P. O. Box 12010-CB
Hemet, CA 92546-8010

All other terms and conditions remain in full force and effect.

COUNTY OF SAN BERNARDINO

First Nations Tribal Education and Resource Center, Inc
(Print or type name of corporation, company, contractor, etc.)

► _____
Dennis Hansberger, Chairman, Board of Supervisors

By ► _____
(Authorized signature - sign in blue ink)

Dated _____

Name Pamelalee Bailey- Shimizu
(Print or type name of person signing contract)

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Title Chief Executive Officer
(Print or Type)

Clerk of the Board of Supervisors of the County of San Bernardino.

Dated _____

By _____
Deputy

Address 2210 Highland Avenue, Suite 116
San Bernardino, CA 92404

Approved as to Legal Form
► _____
Dawn Stafford, Deputy County Counsel
Date _____

Reviewed by Contract Compliance
► _____
Lori Ciabattini, HSS Contracts Unit
Date _____

Presented to BOS for Signature
► _____
Raymond B. Wingerd, Chief Probation Officer
Date _____

Auditor/Controller-Recorder Use Only

| | | | |
|--|--|------------------------------|--|
| <input type="checkbox"/> Contract Database | | <input type="checkbox"/> FAS | |
| Input Date | | Keyed By | |

